

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Amndt 7-2-84

SERIAL NO. *09696813* FILING DATE *1*

APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	2		2		2	

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TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	2		2		2	